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ABSTRACT

This book chapter describes a program of the Two Hills Regional Resource Centre (THRRC), which provides support services to 39 towns in northeastern Alberta. The program supports individuals with severely challenging behaviors (such as self-abuse, aggression, destructiveness, and noncompliance) so that they will be able to live and work in their small, rural home communities. The chapter describes THRRC's processes and outcomes in five areas: methods of recruiting, training, and maintaining qualified staff; methods for establishing relationships with the community and educating the community; developing nonaversive strategies to assist individuals with severely challenging behaviors; assisting service providers in rural communities to develop skills to prevent challenging behavior and cope with it, in their own communities, when it does occur; and using proactive methods of behavior management. (Approximately 25 references) (JDD)

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Chapter 6
Behavior Management of Individuals with Severely Challenging Behavior in Rural Community Settings

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This chapter provides a description of the integration into small, rural communities of individuals with severely challenging behaviors, such as self-abuse, aggression, destructiveness, and noncompliance. The authors describe an innovative program operated by the Two Hills Regional Resource Centre providing support services to 39 towns in northeastern Alberta. The purpose of the program is to provide support for individuals having severely challenging behaviors so that they will be able to live and work in their home communities. A detailed description is provided of: (a) methods of recruiting, training, and maintaining qualified staff; (b) methods for establishing relationships with the community and educating the community; (c) developing nonaversive strategies to assist individuals with severely challenging behaviors, and (d) using proactive methods of behavior management.

Integration of individuals with severely challenging needs has become a priority for the 1990s. Evidence of a growing commitment to community integration includes a number of international conferences focusing on integration (e.g., Focus 90, in Victoria, BC; Alternative Futures Conference 1990, in Edmonton, Alberta; Tash Conference 1990, in San Francisco, California) in addition to a number of recent texts outlining effective strategies for promoting integration (e.g., Gaylord-Ross, 1989; Hazel, et al. 1988; Lipsky, & Gartner, 1989; Stainback, Stainback, & Forest, 1989).

In spite of the movement toward community-based integrated services, securing integrated opportunities in home communities may present a number of problems for both the families of individuals with developmental disabilities and service providers. This is particularly true when an individual, in addition to challenges in other areas, exhibits severely chal-

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lenging behavior (Casey-Black & Knoblock, 1989; Meyer, & Evans, 1989). Severely challenging behavior includes any behavior that is disruptive or harmful to individuals, those around them, and/or their environments (e.g., self-abuse, aggression, self-stimulation, destructive behavior, and extreme noncompliance). Individuals who engage in one or more of these behaviors present a unique challenge in any community environment. For example, a young man may physically assault his employer or other employees at a supported work placement when he is frustrated. This behavior may result in removal from a supported work position as well as movement to a more restrictive group home setting. These events may occur in spite of the fact that he has the skills and abilities to live and work in the community, with minimal support, except during those times when he exhibits the challenging behavior.

It appears, then, that effective strategies are needed to support individuals with severely challenging behavior in their home communities. Small, rural communities may present special challenges because of factors such as lack of support services, shortage of trained personnel, and few, if any, alternative services (Farnden, 1987; McDonald & Peters, 1990).

The purpose of this chapter is twofold: (a) to discuss major issues involved in integration in rural community settings of individuals with severely challenging behavior, and (b) to describe how an innovative program serving persons with severely challenging behavior has attempted to cope with each of these issues. The following issues will be addressed.

(a) It is difficult to attract and maintain qualified personnel in small rural communities.

(b) People in small, rural communities may have little knowledge of, or experience with, persons with disabilities.

(c) It is important to develop nonaversive strategies to help individuals deal with their difficult behaviors. To this end, it is necessary to work on developing alternative skills to replace the challenging behavior. A small community may not have the same range of educational, vocational, and recreational options that are available in larger centers.

(d) Prevention should be a major component of any service delivery model.

(e) Programs and services for individuals with challenging behavior need to be evaluated on an ongoing basis.

Two Hills Regional Resource Centre

The Two Hills Regional Resource Centre (THRRC) provides support services to agencies serving individuals with developmental disabilities in northeastern Alberta. The northeastern region covers an area of 92,347 square kilometers (57,717 sq. miles). There are 39 towns with a population of 300 or more; the total population of the area is 169,000, of which approximately 1,100 have been identified as having a disability. The town of Two Hills (pop. 1,300) is centrally located in the northeast region with about

half of the population of the region living within a 50 kilometer radius of Two Hills.

THRRC, which commenced operation in 1987, is mandated to provide a number of support programs for the northeastern region of Alberta. A major purpose of the service is to provide support for individuals with challenging behavior so that they will be able to live and work in their home communities. In some cases, these individuals have been returning to home communities after spending a large part of their lives in institutional settings.

Services provided by THRRC include: (a) a behavior management program for up to three individuals who exhibit challenging behaviors and who require intensive, short-term specialized programming; (b) a respite program available to parents and agencies throughout the region; (c) a staff development program to provide specific skill training to staff members of agencies in the region; and (d) a resource library containing texts, journals, and audiovisual materials available to staff, parents, and agencies within the region. The library and managerial staff are housed in a large facility that was once an extended care center. A number of meeting rooms in the facility are available for inservice training, workshops, and community meetings. Individuals participating in the behavior management program reside in a house in a different community neighborhood, while the respite program operates out of a two-bedroom apartment in a third neighborhood.

The following discussion focuses on the behavior management support service provided through THRRC. Individuals with family ties in the northeast region of Alberta are referred from provincial institutions for persons with developmental disabilities. Referrals may also be made by agencies within the region. Individuals are referred when their behavior is such that it is not possible to serve them in their home communities. They are provided with an intensive, short-term program by THRRC and are returned to their home communities with ongoing support from the THRRC staff. While in Two Hills, these individuals live in a three-bedroom bungalow in the community neighborhood mentioned above.

The Issues

In the following sections, each of the five issues identified in the introduction will be discussed in terms of: (a) identification of the issue; (b) the process used by THRRC to address the issue; and (c) the outcome.

Issue #1: Recruitment, Training, and Maintenance of Qualified Staff

An ongoing problem in rural agencies providing services to persons with disabilities is the difficulty of recruiting, training, and maintaining qualified staff (McDonald & Peters, 1990). A survey of executive directors of agencies providing services to persons with disabilities, identified staffing issues as one of the most difficult and time consuming aspects of their

jobs (McDonald, Farnden, & Bucknell, 1990). Riediger and Baine (1987) found that the average annual staff turnover in 121 group homes throughout Alberta was 40%. Five percent (6) of the group homes surveyed reported annual turnover rates of more than 100%.

Alberta offers two-year diplomas in rehabilitation service through its community college system. Most of these programs are offered in urban centers and graduates tend to find employment within larger metropolitan areas (McDonald, 1980). Isolation, lower wages, and low levels of support are some of the reasons identified for the lack of success in the ability of rural areas to recruit skilled personnel. Attempts to offer formalized training utilizing a variety of distance delivery formats to employers or agencies has had limited success and impact within the rural sector (McDonald & Peters, 1988; 1990).

A survey conducted in the region in 1987 indicated that 60-65% of the staff in residential and vocational programs serving individuals with disabilities had no formal training; 15-20% had 0-2 years of training, and 18% had a four-year university degree or two years of rehabilitation training in a community college (Farnden, 1987). The lack of training and high turnover rates are of particular concern when staff members are faced with individuals having developmental disabilities and severely challenging behaviors. A key aspect of the ethical use of applied behavior analysis procedures is well-trained staff (e.g., Alberto & Troutman, 1990; Martin & Pear, 1988).

Process

An awareness of the staffing problems in rural agencies assisted the management of THRRC to develop a staffing plan with three distinct components: recruitment, training, and maintenance.

Recruitment. An important part of the recruitment process is the determination of the most appropriate staffing model to meet the requirements of the service the program is mandated to provide. THRRC considered the needs of the consumers of the service and developed the staffing pattern to match those needs. Flexibility and a willingness to consider, implement, and evaluate different staffing patterns and models have been critical to the success of the program.

Once the staffing model was determined, the next step was to develop the staff positions required. Positions involved first level supervisory positions, key workers, and aides or assistants. Management developed clear job descriptions identifying all of the relevant duties for each position and the lines of authority within the organization. The job descriptions were then used as the basis for determining what the minimum qualifications and experience should be for each different position within the organization. Wage scales were developed based on duties, responsibilities, qualifications, experiences and comparisons with similar positions within other similar service organizations.

The final steps in the recruitment phase were the standard practices of advertising positions and screening applicants according to educational qualifications, related experiences, and additional skills. Applicants were interviewed using both an oral and a written format. Each candidate was then rated, with selection and confirmation occurring as soon as possible after the interview was completed.

Staff Training. Staff training and orientation is vital to how well staff perform their jobs and is therefore critical to the success of the service provided. Because THRRC was a new program, there was an opportunity to have a two-week staff training session with the staff before any consumers began the program. The content of the staff training package is outlined in Table 1 and covered a variety of topics from organizational issues, programming strategies, and nonaversive behavior management, to everyday issues involved in operating a treatment home.

Staff were given the opportunity for input whenever possible. For example, staff were told that teaching/training programs for consumers would be developed on the basis of an Individual Program Planning (IPP) process. After being familiarized with a variety of commonly used formats, staff were given responsibility for developing their own format for writing the IPPs.

There were many advantages to having the opportunity to train new staff as a group during a block of time. Training as a group gave staff a chance to get to know one another outside of the normal working conditions, laid the foundation for effective team building, and allowed staff to assimilate information at an acceptable pace. It is not feasible to repeat the group training format as additional new staff are hired. THRRC conducts general orientation for new staff, on an individual basis, using a schedule established by the program management and the employee.

Maintenance. Given the high turnover rate of front-line staff, especially in rural areas, it is important for agencies to develop an active staff maintenance plan. THRRC has employed a variety of staff maintenance strategies described below.

An important component of maintenance is to provide ongoing skill development training for staff. All staff employed by THRRC are required to take training in CPR, first aid, medication delivery, communication, team building, and crisis management. In addition, all staff are given the opportunity to receive training in a variety of informal and formal educational activities. Informal training has included workshops on issues in sexuality with persons having developmental disabilities, job-coach training, microcomputer literacy, and effective consultation skills. These training sessions ranged from one half day to a full week, and employees have been given paid time-off and/or tuition to attend. Formal opportunities have included staff enrolling in university or college courses with tuition reimbursed by the organization following successful completion.

Table 1
Staff Training Topics

(a) Introduction to the Organization
(b) Introduction to the Program
(c) Organization and Structure of the Program
(d) Job Descriptions and Responsibilities
(e) Individual Program Planning
    - Value-Based Programming
    - Ecological Inventories
    - Surveys and Checklists
    - Individual Program Plans
    - Specific I.P.P. Formats
(f) Introduction to Behavior Management
    - Defining Behavior
    - Recording Behavior
    - Graphing Behavior
    - Behavior Management Principles
    - Programming Techniques
    - Program Format
    - Non-Aversive Behavior Management
    - Ethics
(g) Communication—Report Writing
(h) Home Management Procedures and Practices
(i) Program Policies
(j) Diet and Meal Planning
(k) Introduction to Respite Care

Another maintenance strategy has been to provide opportunities for individual growth and change within the organization. Front-line staff have often changed from residential to vocational (job-coach) positions and vice-versa. As the organization has experienced growth and new programs have evolved or existing programs have been revised, staff have been able to assume new roles and responsibilities, thus minimizing staleness and burnout.

Attracting and maintaining staff depends to a certain extent on the wage and benefit package that an organization is able to offer. Since the primary focus of the THRRC program is to develop training programs for individuals with challenging behaviors, it was felt that staff should not only be highly trained but should be remunerated at a higher-than-average level. Wages for both assistants and key workers at THRRC are about 30% higher than wages paid to staff in typical residential or vocational programs in northeastern Alberta (McDonald, Farnden, Goudriaan, & McDonald, 1989).

Another important strategy in maintaining staff is the use of students as volunteers and part-time workers. THRRC has been able to recruit local high school students as volunteers to take consumers on outings and provide informal friendships. This program has helped to relieve some of the stress when there seems to be too few staff to attend to the many tasks that must be done during each daily shift. College and university students wishing to acquire experience working with individuals with disabilities utilize the program for practicum placement and part-time work. The students are generally enthusiastic and their energy often seems to give regular staff a boost. As well, the students provide new ideas and innovative ways of looking at some of the problems that are faced.

Outcome

The process described above appears to have had an impact on the staff turnover rate. The greatest turnover was in the group labeled as Rehabilitation Practitioner Assistants (RPAs). This group had little or no formal education or relevant experience to begin with and often found the behavior of the consumers more than they were prepared to deal with (McDonald et al., 1989). Of the six RPAs hired in July 1987, two were still on staff in July 1989. The average length of service for this group was 11 months. On the other hand, the Rehabilitation Practitioner (RP) staff had only one resignation (educational) in two years. Three of the original four RPs hired in July 1987 were still on staff in July 1989. The average length of service for the RPs was 20 months. This group seemed better prepared for all aspects of the job, perhaps because of pre-employment training and education.

Issue #2: Establishing Relationships with the Community and Educating the Community

It is no longer sufficient to demonstrate that challenging behavior can be brought under control in contrived, restrictive, and experimental environments (Meyer & Evans, 1989). If individuals are integrated in their home communities and are accepted by those communities, it is necessary that they participate in all aspects of community life with family, friends, and neighbors (Falvey, 1986; Hazel et al., 1988; Horner, Meyer, & Fredericks, 1986). An individual with challenging behavior should be able to live and work in the community with necessary supports and without unnecessary restrictions.

Like many communities in rural Alberta, the citizens of Two Hills had little knowledge of, and experience with, persons having disabilities. This lack of information became evident when the school children were asked to draw posters for the open house of THRRC. Some of the posters showed people (many in wheelchairs) behind windows with bars. Another incident occurred shortly after the center was opened. One young man, who was an avid jogger, went for his daily run. A member of the community phoned

the Center and stated with some concern that one of the inmates had escaped.

Process

The process of community preparation included a number of activities prior to the opening of the Center. A meeting was held with the town council to describe the program; a community advisory board was established, and the program was featured in the local newspaper. This meeting was followed by an open house attended by the Minister of Family and Social Services, center staff, service consumers, the town council, the mayor, and many members of the community. In addition to attending the open house, members of the community provided refreshments for the open house and the social event that followed. All went smoothly, in spite of the fact that one young woman, perhaps thinking that the present the Mayor gave to the Minister belonged to her, hit one of the visiting dignitaries in the face, resulting in a black eye.

Preparing the community is one small step in the ongoing process of involving the community in the Center and in the lives of the individuals living there. A key factor in the high profile of the Center is the fact that the Director lives and works in Two Hills and serves on committees unrelated to the operation of the Center. The Director, as well as other staff, attend regular feedback sessions with the townspeople and provide information to businesses on how to interact with consumers who may be exhibiting disruptive behavior. For example, one woman would strike someone with considerable force if she was prevented from doing something that she wanted to do (e.g., grabbing at candy behind the counter in a restaurant). Businesses were instructed that the person accompanying this woman would deal with the behavior, and that they were to ignore the interaction (and not come within striking distance).

Other community activities included newspaper articles about events at the Center, luncheons for employers who were participating in the supported work program and a staff baseball team. In addition, the Center was opened to user groups such as TOPS, Brownies, and Beavers. Finally, the consumers spent considerable time in the community participating in work, as well as leisure and recreation activities.

Outcome

The outcomes have been extremely positive. Members of the community have made positive comments to consumers and staff regarding changes they have observed in consumer behavior. One individual, when he first entered the program, would only walk backward. A few months later, when he was taking some tentative forward steps, a man stopped his truck in the middle of the road and exclaimed, "I didn't know he could walk forward." In general, there has been increased understanding and tolerance on the part of the community in the face of some particularly disruptive

and/or peculiar behavior. An outburst in a community restaurant where one young man suddenly stood up and hit a young woman for no apparent reason was greeted with a casual look and a return to normal conversation and meals by the other diners.

In addition to the qualitative changes in interactions between the community and THRRC, community members now request supported work placements, making the task of the job-coach much easier. Figure I depicts the cumulative number of job sites that have been developed between October 1987 and August 1989. At present, there are far more community jobs placements than can be utilized by current consumers.

Issue #3: Developing Nonaversive Strategies to Assist Individuals with Severely Challenging Behavior

In the past, individuals with severe or profound disabilities have been subjected to aversive behavior management procedures that would not have been considered acceptable forms of intervention for other individuals exhibiting the same or similar challenging behaviors (G. Allan Roeher Institute, 1988). There is a movement toward using more humane, less aversive behavior management procedures to cope with even the most severe forms of challenging behavior (LaVigna & Donnellan, 1986; Meyer, & Evans, 1989). A growing body of evidence suggests that these procedures are just as effective, if not more effective, than more intrusive procedures (e.g., Donnellan, LaVigna, Zambito, & Thvedt, 1985; Durand & Kishi, 1987).

A nonaversive approach to the management of challenging behavior maintains that all behavior, including behavior considered excessive and inappropriate, is communicative in nature (Donnellan, Mirenda, Mesaros, & Fassbender, 1984). Persons may engage in inappropriate behavior as a means of communicating that they are bored, angry, or simply seeking attention from those around them. A major focus of any nonaversive behavior management procedure is to teach individuals more appropriate ways of communicating with other people in the environment, and also teaching skills that will help them function in appropriate ways in community settings. A nonaversive approach is described by proponents as a more humane way of coping with challenging behavior that does not compromise an individual's dignity or right to make choices (Meyer & Evans, 1989). Nonaversive procedures to be implemented when inappropriate behavior does occur include differential reinforcement of other behaviors (DRO), differential reinforcement of incompatible behaviors (DRI), stimulus control, and stimulus change (LaVigna & Donnellan, 1986).

Process

THRRC advocates a nonaversive approach to the treatment of challenging behavior. Individuals referred to the treatment home were assured of an environment that provided both school or supported work and leisure opportunities. In addition, when a consumer lacked functional communica-

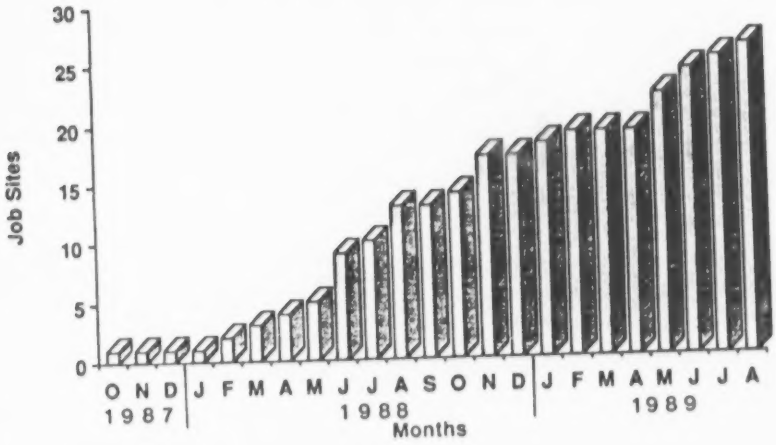

Figure 1. Cumulative number of jobs developed between October 1987 and August 1990.

tion skills, communication assessments were conducted by a professional speech and language pathologist specializing in severe and profound disabilities.

The biggest obstacle to overcome in Two Hills was in the area of vocational placements. There had been no previous job placements for persons with disabilities and the staff who were hired had no previous job-coach training. To rectify this situation, job-coach training was provided by a team of experts in an extended workshop format. Once the training was completed, job-coaches spent time in the community talking to prospective employers who might have been interested in providing supported work placements. As seen in Figure 1, securing job placement opportunities has not been a problem. Job placements included such diverse occupations as hairdressing assistant, auto mechanic assistant, farm laborer, camp-ground maintenance crew, and teaching assistant in a local school. One young man, who continually talked about cars and vehicles, obtained a job placement in an auto body shop. It was found that his lengthy discussions about cars and vehicles were generally not a problem in this setting.

A number of additional activities were undertaken to develop a comprehensive plan to increase functional behaviors and reduce or eliminate challenging behavior that interfered with an individual's ability to participate in community living. The first step involved a comprehensive as-

sessment conducted for each individual. The assessment included functional skills in all areas relevant to full community participation (e.g., educational, vocational, personal management, recreation, and communication). Following the assessment, a three-year service plan was developed along with an Individual Program Plan focusing on a period of six months to a year. Input was sought from the consumer, family members, THRRC staff, and any other people involved in the life of the individual.

Challenging behavior that was targeted for change was monitored on an ongoing basis, and the least restrictive alternative model of intervention was adopted. Any changes to a treatment program were made on the basis of data reviewed along with the consent of the individual involved (and/or an advocate). Staff were provided with training in values, ethics, behavior management, and crisis intervention during initial inservice training and on an ongoing basis as was necessary. All programming aimed at reducing challenging behavior and increasing appropriate, functional behavior was monitored by a psychologist specialized in behavior management.

Follow-up (approximately three months) was provided to all individuals attending the behavior management program. During the follow-up period, the consumer spent brief periods of time in the new setting along with a staff member from THRRC. In addition, staff from the new setting visited the consumer in Two Hills to become familiar with the individual's unique needs as well as his/her program plan. Support was provided by THRRC staff until the consumer was successfully integrated into his/her home community.

Outcome

The process described above ensures that individuals participating in the behavior management program learn to replace challenging behaviors with functional skills that will be useful to them in their home communities. For example, one or more job opportunities were available for each of the consumers 18 years of age or older. These were jobs that are usually available in most small, rural, community settings. In general, consumers were able to try a number of different job placements, with support, and every effort was made to match jobs to preferences identified by the consumers.

With respect to the successful management of challenging behaviors, five consumers (three females and two males) attended the behavioral treatment home in Two Hills over a two-year period. The age range of consumers was 14 to 35 years of age; three were in their 20s. The average length of stay in Two Hills was one year with a range of one to 18 months. The two consumers who stayed the longest could have moved to their home communities sooner, but there was some difficulty in securing residential/vocational placements in their home communities.

One young man provided a good example of the progress that has been made. He moved to THRRC from a large institutional setting where he had

been employed in a sheltered workshop. While at the institution, he engaged in a number of aggressive/self-destructive behaviors. Apparently his family was not very involved in his life. At the time of writing, he was living in his home community with a roommate, had a girlfriend, and worked at a community job, with some support. His parents were involved in many aspects of planning while he attended THRRC and have been very involved in developing and administering an Individualized Funding Program that provides the support he requires to live and work in his community.

Issue #4: Prevention: Assisting service providers in rural communities to develop skills to prevent challenging behavior and coping with it, in their own communities, when it does occur

It is important that service providers in rural communities develop necessary skills so that they will be able both to prevent challenging behavior from occurring and cope with these behaviors within their own communities when they do occur. Individuals with challenging behavior have the right to live, work, and be educated in their home communities (Hazel et al., 1988). If the ultimate goal is community-based, integrated services for all individuals with developmental disabilities and challenging behaviors, then service providers must be prepared to cope with difficult situations as they occur.

In some cases, challenging behavior may develop because individuals are placed in a program that does not meet their needs. For example, the only vocational placement opportunity in a community may be a sheltered workshop. A young woman may prefer to work in a community setting as a day-care assistant. As a result, she may quickly become bored with the repetitive tasks available to her in the workshop and, as in one case, begin to upset tables and chairs in the workshop on a regular basis. In this case, the challenging behavior could have been prevented if more vocational options (including supported employment) had been available in the community.

A second concern is that staff in rural communities require a range of skills to cope effectively with challenging behaviors when they do occur. As was previously mentioned, it is difficult to recruit, train, and maintain well-qualified staff in rural community settings. Often, the only option available to these communities is to hire staff and provide on-the-job training and inservice training. It is necessary to provide rural staff with skills to cope with challenging behavior so that the individuals are able to stay in their home communities and participate in all aspects of community life.

Process

THRRC, as part of its mandate with Alberta Family and Social Services, provided 50 days of staff development training each year to staff and agencies in northeastern Alberta. These inservice days allowed the opportunity

to introduce such concepts as empowerment, service planning, supported employment, nonaversive behavior management, and integration to all levels of staff in agencies providing services to persons with disabilities.

A comprehensive staff development plan was developed, based on a training needs analysis in all 13 agencies in the northeast region (Farnden, 1987). Staff from these agencies identified a list of 23 areas in which they wanted to receive further training (see Table 2).

Training sessions took a variety of formats and included brief courses that lasted only one day, to more involved courses taking a week to complete. Some courses were offered at the Resource Centre located in Two Hills and included staff from many different agencies throughout the region, while other courses were offered on site to staff of a particular agency. Most courses were offered in a limited time-frame while some (e.g., behavior management) were offered every second week over a period of two or three months and included homework assignments within the students' agencies to be completed for each session.

Based on the content areas identified, THRRC was responsible for recruiting instructors who were recognized as professionals knowledgeable in current issues, trends, and philosophy. For example, sessions on supported employment were taught by instructors from the Rehabilitation Administration Program at the University of San Francisco, and a course on future planning for parents was instructed by New Hats, Inc., an organization from Salt Lake City, Utah.

High demand topics such as behavior management always focused on treating behavior problems from the current best practice perspective of a contextual and functional analysis (Lavigna & Donnellan, 1986). Staff were encouraged to evaluate client excessive or deficient behavior as it related to the type of service system they were in and to the specific services that were being provided to them.

Outcome

In its first two years of operation, THRRC has provided 106 staff training days to 1,400 participants. Fifteen different topics were covered the first year and 22 during the second year. Evaluations by participants of the training sessions have been excellent with the average rating for both years being 4.1 on a five-point scale with five being the highest rating possible (McDonald et al., 1989).

Qualitatively, community education has had a significant impact on many individuals with disabilities in the region. One example evolved out of a session on lifestyle planning conducted for agency staff and parents in one rural community. The instructor requested that a real case be used during the workshop and the parents of a young, elementary school boy volunteered to participate with their son. Because of his challenging behavior, the boy had been attending a segregated classroom, in a local school. The lifestyle plan was able to pinpoint the boy's strengths and

Table 2
Training Requests Made by Agencies
in the Northeast Region (N=13)

Topic	Number of Agencies	Percent. of Agencies
Behavior Management	10	77
Individual Program Plans	9	70
24-Hour Planning	8	61
Community Living	5	38
Communication Skills	5	38
Supported Employment	4	30
Job-Coaching Assessment Techniques	4	30
Public Relations	3	23
Supervisory Skills	3	23
Counselling Techniques	2	15
How to Work with Parents	2	15
Teaching Social Skills	2	15
Ethics and Values	2	15
Recreation	2	15
Caseload Management	2	15
Understanding Human Behavior	1	8
Stress Management	1	8
Performance Evaluation	1	8
Medication Administration	1	8
First Aid	1	8
Introduction to Developmental Disabilities	1	8
Training Volunteers	1	8
Working with Aged Clients	1	8

needs and identify the resources that would be required to support the boy's integration in a regular classroom. Educational and funding resources were developed on the basis of the lifestyle plan and the boy has now successfully completed two years in a regular classroom.

Issue #5: Ongoing Program Evaluation

Programs for individuals with developmental disabilities should be evaluated on an ongoing basis to ensure that they are meeting the needs of the individuals they serve (Browder & Demchak, 1987; Fuhrer, 1987; Halpern & Fuhrer, 1984). Evaluation should include both "formative evaluation information, which is gathered in an ongoing manner or at intermediate stages in order to discover deficiencies and successes, and summative evaluation information, which is concerned with looking at

overall program effectiveness" (Linder, 1983, p. 218). It is particularly important to evaluate programs in small, rural communities because of the isolated nature of some or many of the services.

Process

Whenever possible, THRRC collects data related to its specific mandate. Quantitative information is available on the number of days the treatment home is occupied, the number of days of respite provided, the number of days of community education provided, and the number of agency staff trained. Since these services are the primary mandate of THRRC, it is important to keep very specific records to demonstrate that the obligations of the contract have been fulfilled and to use these records as a basis of ongoing contract negotiations. Data are also collected on challenging behaviors and IEP goals and summarized in the form of graphs. The program data are used to evaluate the progress of the consumers, to write progress reports for parents and agencies, as well as to determine program changes and modifications.

It is also important to collect qualitative information related to program quality and consumer satisfaction. For example, data indicating that 49 community education days, covering 15 topics, were provided to 700 participants relate to meeting a contract goal but do not relate to the important issue of what staff learned from the community education opportunities and to the impact these opportunities had on improving services to the quality of life of persons with disabilities. THRRC has developed a number of questionnaires to address program quality. These questionnaires included a staff organizational climate questionnaire (staff satisfaction), a questionnaire for parents of consumers of the behavior treatment home evaluating how parents view the behavior treatment program, a questionnaire for parents who have used the respite program, and evaluations of all community education activities.

Outcome

The results of the various evaluations have been used by THRRC not only to verify that they have fulfilled their contractual obligations, but also to improve and change services as necessary. For example, evaluation of the respite program (see Table 3) indicated that while parents felt the service was very good overall, they felt that it was not very accessible. That is, in their opinion, they had to travel too far to access the service. THRRC used this information to negotiate a change in the respite program with Alberta Family and Social Services. This change allowed THRRC to develop a host family program in many communities in the region, thus making respite more accessible for many families.

An analysis of occupancy statistics for the behavior treatment home over the first three years of operation indicated that 14 out of the 21 referrals were of an emergency nature. This information indicated to manage-

ment the need for an emergency service for the region as well as for revisions to the behavior treatment home to accommodate emergencies. Analyzing referrals by district office also helped to make recommendations for future services required in specific communities.

Workshop evaluations and staff questionnaires have helped to maintain the quality of community education provided and address important staffing issues. The high retention rate of front-line staff by THRRC as previously discussed is in part a result of monitoring staff closely and addressing their needs as they arise.

Community programs must always be sensitive to unsolicited qualitative feedback. The THRRC has had many examples of qualitative measures in its short history. This feedback has included unsolicited letters from parents indicating how the program has made a significant impact on their son's or daughter's lives and feedback from members of the community indicating how much improvement they have seen in some of the individuals in the behavior treatment program.

Staff have also provided many extras for consumers over and above their obligations as staff. It is not unusual for consumers to go to a staff member's house for dinner, or be invited on a shopping excursion, fishing, or camping trip. Staff advocate for consumers in the community reflected in the number of requests for workers and volunteers received by THRRC.

Table 3
Respite Care Evaluation

Program Component	N	Mean
Speed of Service	7	3.9
Booking Dates Available	8	4.1
Service of Staff	7	4.6
Telephone Manner	8	4.3
Accessibility	8	3.1
Flexibility	8	4.0
Specific Services/Programs	2	3.0
Continuity of Programs	1	4.0
Feedback from Staff	8	3.4
Admission Procedure	8	3.5
Discharge Procedures	8	4.0
Application Forms	8	3.9
Overall Service	8	4.3

An evaluation of the respite service was conducted. Parents who used the service over the past 7 months were contacted and interviews were conducted over the phone using a standard format. The maximum achievable score was five.

Conclusion

Individuals with challenging behavior may be successfully served in small, rural communities, as long as certain supports to individuals, families, and service providers are available. This chapter describes some of the issues facing service providers in rural communities and the manner in which THRRC has attempted to address these issues.

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